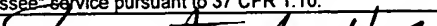




| ENCLOSURES | (check all that apply) |
|--|---|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate) <div style="margin-left: 40px;"><input type="checkbox"/> Check Enclosed</div> <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <div style="margin-left: 40px;"><input type="checkbox"/> Copies of IDS Cited References</div> <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Response B: [8] Page(s) <div style="margin-left: 40px;"><input type="checkbox"/> After Final</div> <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <div style="margin-left: 40px;">[] Sheet(s) of Figure(s) []</div> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <div style="margin-left: 40px;">(Appeal Notice, Brief, Reply Brief)</div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| Typed or Printed Name: | | Robert A. Hulse | Dated: August 16, 2004 |
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